

ORDER FORM
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSURE RELATED DOCUMENTS

OSTEOPATHIC PHYSICIAN AND SURGEON

The following documents can be ordered through the Division's contract testing agency, Experior at the address listed below. There is a fee of \$7.50 (includes sales tax) by mail or phone order. Make all checks payable to Experior. Visa and MasterCard are accepted.

1. *Utah Osteopathic Medical Practice Act*
2. *Utah Osteopathic Medicine Practice Act Rules*
3. *Physicians Education Fund*
4. *Health Care Providers Immunity from Liability Act*

Please contact:



Experior
5486 South 1900 West, Suite C
Taylorsville, Utah 84118
(801) 355-5009
FAX: (801) 355-4008 (credit card orders only)

Please provide the following information. Send this portion of the order form with payment for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. **(Do not mail cash.)**

OSTEOPATHIC PHYSICIAN AND SURGEON (38)

Name _____

Mailing Address _____

Daytime Phone Number _____ - _____ - _____

_____ Check _____ Money Order _____ Visa _____ MasterCard

Credit Card # _____ Exp. date _____

Signature _____ Date _____

(Required for credit card orders)

